

PERSONNEL MANAGEMENT

WORKER'S COMPENSATION CLAIMS

Purpose: The purpose of this policy directive is to establish procedures for filing workers' compensation claims.

Policy Statement: It is the policy of the North Little Rock Police Department to provide its members who become injured on duty, Workers' Compensation benefits that are governed by City Policy and those of its Workers' Compensation carrier. The policy is intended for procedural purposes only.

Summary of Changes:

Definitions:

On Duty Injury or Illness: Defined as any injury or illness which results from working conditions and occurs in the scope of the member's job description during his/her tour of duty.

Procedure:

1. Member's Responsibility

- 1.1 Each member will immediately or as soon as possible notify his/her supervisor when an injury or illness is incurred while on duty and/or while performing duty related activities.
- 1.2 The member will fill out all forms completely concerning the facts about the injury or illness and where required will sign and date the forms. If the member does not request or require medical treatment the Employee's Notice of Injury and Form "N" will be completed and forwarded to the Professional Development Division Commander.
- 1.3 When the member is not able to complete a form, due to an incapacitating injury or illness, the on-duty supervisor will ensure the form is completed.
- 1.4 When reporting an injury or illness, the member will include his/her signature where required for the authorization to release medical information.
- 1.5 The member will submit the listed forms to the immediate supervisor, who will be responsible for completing the Workers Compensation Claim's File and forwarding it through the Chain of Command to the Professional Development Division Commander. Workers Compensation Claim's File must be submitted to the Professional Development Division Commander within 24hrs or the following business day of a weekend.
- 1.6 While receiving workers compensation benefits from the City, members will:
 - 1.6.1 During administrative business hours, remain accessible by phone and at home or within one hour of driving time of headquarters, unless permission is granted in advance by competent authority;
 - 1.6.2 Not engage in activities that prolong the injuries or illness.
 - 1.6.3 Report any change in their status to their supervisor.
 - 1.6.4 Provide a status or evaluation report every 30 days to the Professional Development Division Commander.

2. Treatment for Members with Workers' Compensation Claims

- 2.1 The member must be treated by physicians approved by the Arkansas Municipal League and the City, but may elect to change physicians after their initial visit.
- 2.2 Members may change physicians only one time. Procedures for changing physicians are explained on the backside of the "Employee's Notice of Injury - Form N" (Attachment 2).
- 2.3 Members requiring medical treatment, other than on the job first-aid, for work related injuries will be required to submit to drug and alcohol testing in accordance with the City's Drug and Alcohol Free Workplace Policy and Policy Directive 20-06.
 - 2.3.1 The test will be administered when the injury is treated by the City's medical provider.
- 2.4 Members requiring medical treatment for work related non-incapacitating injuries or illnesses will be treated by the City's medical provider:
 - 2.4.1 **Concentra** will be the 1st point of contact for injuries that occur between 0700 to 1700hrs Monday through Friday.

- 2.4.2 **MedExpress Urgent Care Center** for injuries that occur between 1700 to 2000hrs Monday through Friday and 0800 to 2000hrs Saturday and Sunday. If treatment is obtained at MedExpress a follow-up appointment must be made the following business day with Concentra.
- 2.4.3 **Baptist Springhill** will continue to handle injuries between the hours of 2000 to 0700hrs Monday through Friday and 2000 to 0800 Saturday and Sunday. If treatment is obtained at Baptist Springhill a follow-up appointment must be made the following business day with Concentra.
- 2.5 Members requiring medical treatment for work related incapacitating injuries or illnesses will go to the Baptist Springhill ER located at 3333 Springhill Drive.
 - 2.5.1 Follow-up treatment will be conducted as directed by the above medical providers.
- 2.6 Members requiring medical attention for work related incapacitating injuries or illnesses, which occur outside of the City limits, will go to the nearest local medical facility.

3. Supervisor Responsibilities

- 3.1 After notification of injury or illness, the supervisor notified will ensure the member completes all necessary forms.
- 3.2 When notified of a duty related injury, the supervisor will ensure the member receives a copy of the back side of the *Employee Notice of Injury - Form N* (found on DHQ) which explains the rights of the member under the Arkansas Worker's Compensation Law.
- 3.3 If a member is treated at any hospital emergency room, the member's supervisor will ensure the City's Alcohol and Drug Free Workplace Policy, as well as North Little Rock Police Department's Policy Directive 20-06 (NLRPD Alcohol and Drug Testing Order) are strictly followed.
 - 3.3.1 A copy of the NLRPD Alcohol and Drug Testing Order will be completed and submitted with the Workers' Compensation Claim File.
- 3.4 In the event a member reports any change in status to their supervisor, the supervisor notified will complete a *Supplement Report - Form S* (found on DHQ), including, but not limited to:
 - 3.4.1 When the injured member returns to work;
 - 3.4.2 When the injured member must take additional time off due to the injury or illness; or
 - 3.4.3 If the injured member has died.

4. Workers' Compensation Forms

- 4.1 Arkansas Worker's Compensation Commission *First Report of Injury or Illness* is to be completed by the member's supervisor when the supervisor is notified that a member has an on duty injury or illness.
- 4.2 Arkansas Workers' Compensation Commission *Employee's Notice of Injury - Form N* is to be completed by the member when an on duty injury or illness occurs. The supervisor keeps the front side of the form and gives a copy of the backside to the member that explains the member's rights under the Arkansas Worker's Compensation Law.
- 4.3 Arkansas Workers' Compensation Commission *Supplement Report - Form S* is to be completed by the supervisor when there is any change in the member's status.
- 4.4 Municipal League Worker's Compensation *Trust Employees Report of Accident Form* is to be completed by the member who has an on duty injury or illness. The member should sign, date and then give the form to his/her supervisor.
- 4.5 Municipal League *Worker's Compensation Trust Supplement to the Employer's Report of Injury* is to be completed by the supervisor to help identify the causes of the member's injury.
- 4.6 The *North Little Rock Workers Compensation Report* is to be completed by the supervisor to be routed to the North Little Rock Safety Director.
- 4.7 North Little Rock Police Department *Payment Policy Form* is to be completed and signed by the member, and also signed by a witness.
 - 4.7.1 The *Payment Policy Form* has been placed on the Department's letterhead to be recognized as a Workers' Compensation Form.
 - 4.7.2 The document notes in the event a check for lost wages is sent in error to a member's home, the member will contact the Finance Department as soon as possible.

5. Monitoring Responsibilities

- 5.1 Division Commanders are responsible for the routing and monitoring of the Workers' Compensation Claim Forms through the Professional Development Division for tracking purposes.
- 5.2 Workers' Compensation Forms will be routed to the City's Safety Director.

Patrick Thessing
Chief of Police